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COVER LETTER

TO: Registration Section Division of Corporations	,
CONDOMINIUM MANAGEMEN	T SERVICES, LLC.
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
VERONICA WATSON	
Name of Person	
CONDOMINIUM MANAGEMENT SERVIC	ES, LLC
Firm/Company	
1006 HIGHWAY 98 EAST	
Address	
DESTIN, FL 32541	
City/State and Zip Code	
RWATSON@HOLIDAYBEACHRESORT.C	ЮМ
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
VERONICA WATSON	850 479-7676
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:	UM MA	ANAGEME	NT SERVICES, LLC
2. (a)	Veronica Watson	((b) Veronica Watson	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'		dailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	235 E. WARM SPRINGS RD. #107		P. O. BO	X 231300
	LAS VEGAS, NV 89105	_	LAS VE	GAS, NV 89105
	01/13/2016		L 1600000	07816
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	VERONICA WATSON			
5. (u)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	:
	Veronica Watson			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	6702 - B PLANTATION RD.			- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
	PENSACOLA	32504	ļ	
				=
(b)	VERONICA WATSON			II.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			
	1006 HIGHWAY 98 EAST			
	DESTIN	32541		
the cha	imited liability company is not organized under the language or changes are made, the Florida street address of	the reg	istered office	and the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of igles of organization or the operating agreement of the	of the lir	nited liability	company or as otherwise provided in
	Uronice Watton	VE	RONICA V	
-	ture of a member of authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I din writing of this change.	rec to ac perform d for in hereby c	et in this cape mance of my e Chapter 605 confirm that i	icity. I further agree to comply with the hities, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	MIDMY WATTON The of Registered Agent			

Division of Corporations ◆ P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00